MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/831702

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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